

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549985

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		1		1		1
3		2		2		1
4		2		2		1
5		2		2		1
6		1		1		1
7		1		1		1
8		2		2		1
9		2		2		1
10		2		2		1
11		2		2		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		2		2		1
19		1		1		1
20		2		2		1
21		1		1		1
22		1		1		1
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24		1		1		1
25		1		1		1
26		2		2		1
27		1		1		1
28		1		1		1
29		1		1		1
30		1		1		1
31		2		2		1
32		2		2		1
33		1		1		1
34		1		1		1
35		1		1		1
36		1		1		1
37		2		2		1
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39		1		1		1
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50						
TOTAL IND.		↓		↓	1	↓
TOTAL DEP.		←		←	38	←
TOTAL CLAIMS					39	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						